



New England High Intensity Drug Trafficking Area Course Enrollment Registration Form

(Please fill out completely!)

Course Name: <u>Courtroom Testimony</u>	Date(s) <u>May 6-7, 2009</u>
Location: <u>NEHIDTA Training Room, Methuen, MA</u>	

First Name <input style="width: 90%;" type="text"/> Last Name <input style="width: 90%;" type="text"/> M. I. <input style="width: 80%;" type="text"/>	Arrest Authority: <input type="radio"/> YES <input checked="" type="radio"/> NO	Social Security #- last 4 digits only <input style="width: 90%;" type="text"/> email <input style="width: 90%;" type="text"/>
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Parent Agency (What agency signs your check? Spell Out) <input style="width: 95%;" type="text"/>	Your Rank/Title -Spell Out. (If none , type none) <input style="width: 95%;" type="text"/>
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Job Mailing Address -(Spell out)				Phone Number <input style="width: 90%;" type="text"/>	
Agency	<input style="width: 95%;" type="text"/>			<input style="width: 90%;" type="text"/>	
Address	<input style="width: 95%;" type="text"/>			FAX Number <input style="width: 90%;" type="text"/>	
City <input style="width: 15%;" type="text"/>	State <input style="width: 5%;" type="text"/>	Zip Code <input style="width: 15%;" type="text"/>	Other Number <input style="width: 90%;" type="text"/>		

Does your Agency participate in a HIDTA Initiative?			Parent Agency is:
<input checked="" type="radio"/> Yes	Initiative Name <input style="width: 95%;" type="text"/>	<input type="radio"/> No	<input style="width: 95%;" type="text"/>

Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
Rank/Title:	Title:
Agency and Address:	Telephone:

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.
 A hard copy or fax **must be received with supervisor's approval before confirmation is sent**.
A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.